

# Rhode Island Department of Labor and Training

## FOREIGN LABOR CERTIFICATION UNIT

1511 Pontiac Avenue

Cranston, RI 02920-4407

PHONE: (401) 462-8800 FAX: (401) 462-8798

**Application Type:**

- ☐ H-1B Professional  
☐ PERM  
☐ H2-B

### REQUEST FOR PREVAILING WAGE STATEMENT

Name of Person Requesting Wage:		Date:	
Address:			
PHONE NO:		FAX NO:	
Name and Address of Company Employing Foreign Worker:		Type of Business:	
Job Title:		Total Hours Per Week:	Rate of Pay:
Full Description of the Job to Be Performed:			
Title of Foreign Worker's Immediate Supervisor:		Number of Employees Foreign Worker Will Supervise:	
College Degree Required: ____ YES ____ NO If yes, specify type and major field of study:	Experience Required: ____ YES ____ NO If yes, state number of years/months:	Training Required: ____ YES ____ NO If yes, state type & years/months:	
License/Certification Required: ____ YES ____ NO If yes state type		Other Special Skills, Knowledge or Requirements:	
PREVAILING WAGE DETERMINATION – for Department Use Only			
SOC Code	SOC Title		Wage Level
Prevailing Wage:		Survey Source: SWA/OES Survey ____ Other ____	
This rate is valid: ____ through June 30 <sup>th</sup> . ____ for 90 days from the determination date.			
Prevailing Wage Specialist:		Determination Date:	

The information provided is to be used to complete the Application for Permanent Employment Certification (ETA 9089), as appropriate. The employer is not required to submit this form with the application but is required to retain this document for a period of five years from the date of filing.

Request No.

Rev. Jan.2007